PTO/SB/06 (12-04)

Approved for use through 7/3 1/2006, OMB 0651-0932

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. PATENT APPLICATION FEE DETERMINATION RECORD Application or Doctet Number 10082468 Substitute for Form PTO-875 APPLICATION AS FILED - PART I OTHER THAN (Cotumn 1) SMALL ENTITY OR SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE (\$) FEE (\$) RATE (\$ FEE (\$) BASIC FEE NA NA NA (37 CFR 1.15(a), (b), or (c)) N/A SEARCH FEE (37 CFR 1.16(t), (i), or (m)) NΑ N/A NIA **EXAMINATION FEE** N/A NVA NIA (37 CFR 1.15(o), (p), or (q)) NIA TOTAL CLAIMS (37 CFR 1.16(i)) minus 20 • OR INDEPENDENT CLAIMS (37 CFR 1.16(h)) minus 3 = If the specification and drawings exceed 100 APPLICATION SIZE sheets of paper, the application size fee due FEE (37 CFR 1.16(s)) is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) N/A N/A "If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL TOTAL APPLICATION AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CHAIMS HIGHEST REMAINING NUMBER PRESENT RATE (\$) ADDI-RATE (\$) ADDI-PREVIOUSLY AFTER **EXTRA** TIONAL ENT TIONAL AMENDMENT PAID FOR FEE (\$) FEE (S) Total Minus 3 (37 CFR 1,1641) ENDM 50 ΩR Minus 6 OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,15(1)) NYA OR N/A TOTAL TOTAL ADD'L FEE OR ADD'L FFF (Column 1) (Cotumn 2) (Column 3) CLAIMS HIGHEST NUMBER REMAINING PRESENT œ RATE (\$) ADDI-RATE (\$) AFTER **PREVIOUSLY EXTRA** TIONAL FEE (\$) ENDMENT TIONAL AMENDMENT PAID FOR FEE (\$) Total (37 CFR 1.1663) Minus OR Independent (DF CFR 1,1604) Minus OR Application Size Fee (37 CFR 1.16(s)) FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(I)) NA DR

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TOTAL

ADD'L FEE

TOTAL

ADD'L FEE

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 If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

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